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ABSTRACT

Through the Arizona Chapter of the Association of American Indian Social Workers, a panel of key social workers was selected to act as the American Indian Curriculum Task Force. The Task Force developed an appropriate schema whereby American Indian content areas relevant to social work could be identified, presented, and clarified. The four major American Indian content categories identified were: knowledge and skills in organization, planning and administration; knowledge of diverse tribal cultures and culturally relevant intervention skills; overall and specific knowledge of American Indian social policies, problems, and issues; and an awareness of self and social work practice in Indian communities. Among recommendations were that schools of social work within major Indian regions adopt a schema for inclusion of American Indian content into social work curriculum; that an Indian perspective include an American Indian Advisory Curriculum Committee; and that administrators of schools of social work make available to their faculty members resources according to the needs identified by the Curriculum Task Force. A 15 page selected bibliography on American Indians and social welfare is appended; areas covered include cultural influences, the family and children, aging, alcoholism, urban Indians, and education. (RTS)

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SOCIAL WORK PRACTICE WITH AMERICAN INDIANS

A Schema For The Identification And Inclusion Of American Indian Content Into The Social Work Curriculum

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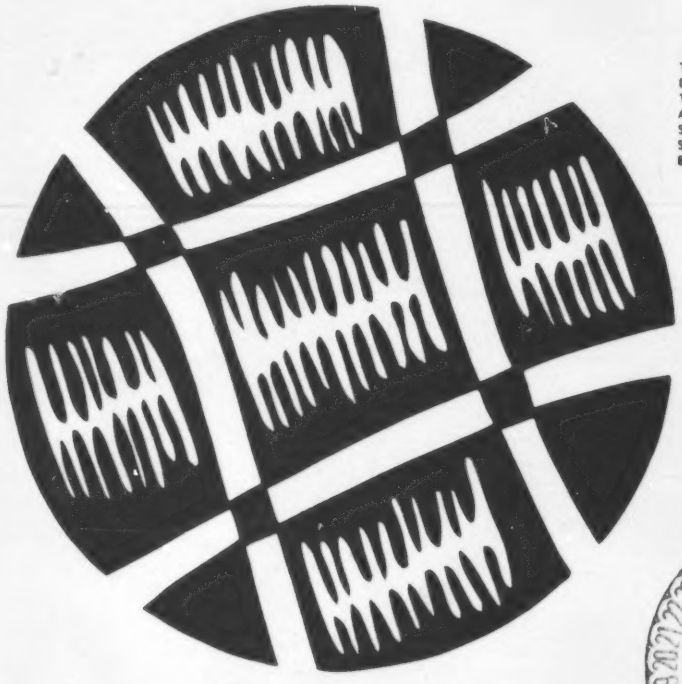

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RC010681

The American Indian Projects for Training, Research, and Community Development (AIP) is happy to present the first in a series of monographs dealing with American Indian content. This effort addresses the need for the identification and inclusion of relevant American Indian content into the curriculum of schools of social work.

AIP is most grateful to the members of the American Indian Curriculum Task Force for the investment of their time and effort. We also wish to acknowledge the support received from the National Institute of Mental Health, Social Work Training Branch and the Navajo Area School Board Association (NASB).

Views in this report do not necessarily reflect the opinions or policies of NIMH or NASB.

Eddie F. Brown, Director
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INTRODUCTION

Schools of social work are attempting at all levels to incorporate ethnic minority content into the curriculum in an effort to ensure professional competency within a pluralistic society. The task of including ethnic minority content in the educational process is difficult and complex. The challenge is especially great now while institutions of social work education are re-evaluating themselves critically in relation to their role calling for the inclusion of ethnic minority content.

In the early 1970's it was evident that if social work education was to meet the needs of a culturally diversified society, it had to critically re-appraise its current curriculum and begin to incorporate those changes in education which would provide for more relevant, realistic interventions in alleviating the extreme social problems faced by millions of people in American society. This meant that providing the traditional manpower for social service agencies was not enough. Social work education had to produce professionally equipped service providers who were able to evaluate and deal with such problems as inequality, racism and poverty.

In an attempt to support this re-evaluation, the Council on Social Work Education (CSWE), the accrediting body for the schools of social work, revised Accreditation Standard 1234 A to read:

> A school must make special, continual efforts to enrich its program by providing racial, ethnic and cultural diversity in its student body and at all levels of instructional and research personnel, and by providing corresponding educational supports. [1]

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[1]Council on Social Work Education, "Guidelines for Implementation of Accreditation 1234 A." (New York, 1973), p. 1.

The overriding purpose of this new standard was to provide students with the awareness that this is a pluralistic society and that such knowledge is imperative for sensitive and effective social work. Through CSWE's accreditation role, schools were now expected to relate curriculum to the multicultural character of our society and to meet the learning needs of minorities in their given geographical areas.

Since the accreditation revision, there have been numerous bibliographies, course outlines, and schemas developed for the identification and inclusion of ethnic minority content in the social work curriculum. However, these efforts have been principally focused on Chicano, Black and Asian Americans. For example, the Chicano Training Center in Houston, through support from the National Institute of Mental Health has developed indepth curriculum materials on the Chicano community.

This is not the case with American Indians. Until recently, little attention has been given to the issue of culturally relevant curriculum in social work practice with individual Indians or communities.

A frequent complaint of Indian people has been the ignorance, insensitivity and lack of respect displayed by professional social workers in the planning, development and delivery of social services to Indian communities and tribes. These complaints have supported the belief that social work education has not taken significant steps toward adapting their professional training to assure that social workers become responsive to the needs of Indian communities.

In a recent survey of American Indian Master of Social Work (MSW) students and graduates, over 50% felt their curriculum was not relevant to the needs of their communities and tribes. Of the graduates,

> Most stated that the curriculum paid only token attention to Indians, consisted largely of misinformation about

> Indians, and was over-simplified or too general to be useful. Even schools with formal programs for Indians were judged to be weak in this area.[2]

The need, therefore, exists for schools of social work to develop a process by which Indian content relevant to the needs of local Indian communities and tribes can be identified and included in the social work curriculum.

In order to relate curricular content to American Indians, John H. Compton identified two tasks which need to be accomplished:

> "First, a decision must be made on what content should be included. Second, a decision must be made on how it should be packaged."[3]

In response to the above statement, the American Indian Projects for Community Development, Training, and Research, supported through a social work training grant from the National Institute of Mental Health, attempted to identify a schema for the identification and beginning inclusion of American Indian content in the social work curriculum.

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[2]John Compton, Social Work Education for American Indians (Denver, Colo.: Center for Social Research & Development, University of Denver, 1976) p. 30.

[3]Ibid., p. 49

PURPOSE OF STUDY

The primary purposes of this study were threefold:

I. To identify and implement an appropriate schema whereby American Indian content areas relevant to the field of social work could be identified.

II. To present and clarify American Indian content areas identified through the implementation of the above schema.

III. To identify and compile a selective American Indian bibliography relevant to social work education.

METHODOLOGY

Schema Identification and Implementation

The writers reviewed several schemas developed by other minority groups for the identification of ethnic minority content. However, given the diversity of Southwest tribal groups, the varied practitioner roles of Indian social work and Arizona State University's School of Social Work's unique structure, it was felt that a more flexible schema which would allow for the above variables was needed.

Given the purposes of the study and accompanying circumstances, the writers identified and brought together a selected number of knowledgable social work practitioners representing various agencies and provided them with a structured process whereby they engaged in the identification and prioritization of American Indian content areas.

Through the Arizona Chapter of the Association of American Indian Social Workers, key social work practitioners throughout the state were identified

according to areas of interest and expertise and were invited to participate as members of the American Indian Curriculum Task Force, School of Social Work, Arizona State University (ASU). A student representative and two non-Indian practitioners were also invited to participate. Of the fourteen social work practitioners invited, a total of eleven participated in the content identification process. The eleven members consisted of nine (9) American Indians, one (1) Puerto Rican, and one (1) Anglo (See Appendix I).

To increase the creative productivity, facilitate group decisions, and help stimulate the generation of critical ideas, the Nominal Group Technique (NGT) was used to provide a structured process for Curriculum Task Force members to identify American Indian content areas relevant to social work education.

The Nominal Group Technique was selected because of its proven effectiveness with a wide range of cultural, educational, and socio-economic groups. NGT is best used in settings which call for wide representative input and where difficulties in ranking or rating data as a basis for group decision-making are such that traditional meetings are of relatively little use. A NGT structured group meeting proceeds along the following format. Imagine a meeting room in which a group of individuals are sitting around a table in full view of each other. The meeting begins with each individual responding to an earlier developed nominal question by writing his ideas on a pad of paper. At the end of five minutes, a structured sharing of ideas takes place. Each individual in round-robin fashion presents one idea from his or her private list. A recorder writes the idea on a flip chart in full view of Task Force members. There is no discussion at this point of the meeting--only the recording of privately narrated ideas. Round-robin listing continues until all members indicate they have no further ideas to share.[4]

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[4]Delbecq, A., Group Techniques For Program Planning. (Glenview, Illinois: Scott, Foreman and Company, 1975).

The outcome of this phase of the meeting is a list of propositional statements. Discussions for statement clarification follows and is structured so that each identified statement receives attention. This is accomplished by asking for clarification of each statement listed on the flip chart. After clarification, the identified statements are then organized by the group into major categories. Independent voting then takes place on the categories. Each member privately, in writing, selects priorities by rank-ordering each major category. The group decision is the mathematically pooled outcome of the individual rankings.

Through this structured process, NGT overcomes a number of critical problems typical of interacting groups:

1. Hidden agendas and covert group dynamics are minimized.
2. Minority opinions and ideas are more likely to be generated and expressed.
3. Conflicting and incompatible ideas are tolerated in writing.
4. All participants are equally expected and given an opportunity to produce their share of ideas and to contribute to the group product.[5]

The development of nominal questions to be posed to the curriculum Task Force were developed to reflect the curriculum structure of ASU's School of Social Work. Major components of the curriculum are:

Foundation Knowledge - The curriculum reflects a specified foundation or core knowledge designed to prepare students for beginning level social work practice and to provide the knowledge base for advanced social work education. The foundation knowledge component is equivalent to many undergraduate programs.

Advanced Knowledge - This refers to curriculum content which builds upon the foundation knowledge of graduate education designed so that students

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[5]Ibid., p. 34

assume responsibility for self-direction in practice within a defined sphere of competence. Advanced knowledge is expected from all MSW candidates prior to specialization.

Specialized Knowledge - This relates to specific fields of practice, problem areas or interventive strategies. This is a major area of study requiring extensive concentration. The areas of specialization offered in the present curriculum are Health/Mental Health and Family/Child Welfare.

The nominal questions developed and which determined the data collected were:

I. WHAT KNOWLEDGE CONCERNING AMERICAN INDIANS SHOULD STUDENTS RECEIVE IN AN EDUCATIONAL PROGRAM FOR SOCIAL WORK PROFESSIONALS AT THE UNDERGRADUATE AND GRADUATE LEVELS?

II. WHAT SPECIFIC KNOWLEDGE CONCERNING AMERICAN INDIANS SHOULD SOCIAL WORK STUDENTS RECEIVE AT THE FOUNDATION LEVEL?

III. WHAT SPECIFIC KNOWLEDGE CONCERNING AMERICAN INDIANS SHOULD SOCIAL WORK STUDENTS RECEIVE IN A SPECIALIZED HEALTH/MENTAL HEALTH CONCENTRATION?

IV. WHAT SPECIFIC KNOWLEDGE CONCERNING AMERICAN INDIANS SHOULD SOCIAL WORK STUDENTS RECEIVE IN A SPECIALIZED FAMILY/CHILD WELFARE CONCENTRATION?

The nominal questions were posed to the Curriculum Task Force members in two workshops.

Delimitations

The study attempted to identify and implement a schema for the identification of American Indian content areas relevant to social work education. The schema used only identified general areas of knowledge to be included.

No attempt was made as to how content should be packaged or organized into courses or modules at this time. Writers hope to address this process within a later publication.

Also the study focused on content related to Indians of the Southwest organized within the curriculum structure of the School of Social Work, ASU. Although some of the findings can be generalized to schools throughout the United States, it is recommended that schools of social work within other geographical areas develop task forces relevant to their Indian communities, tribal groups and school's curriculum structure.

PRESENTATION AND ANALYSIS OF DATA

The following presentation of data was collected from the ASU School of Social Work, American Indian Task Force, and is organized across the four nominal questions presented earlier.

Overall Social Work Knowledge

In order to establish a beginning knowledge base from which to work, the following question was posed at the first Curriculum Task Force workshop: "What knowledge concerning American Indians should students receive in an educational program for social work professionals at the undergraduate and graduate levels?"

Following the NGT process, the Curriculum Task Force members identified sixty-seven (67) items for inclusion into the overall School of Social Work curriculum. Each item was then discussed, clarified, and categorized into four (4) major content areas and ranked in order of priority (see Appendix II). Results are presented in Table I.

The results as shown in Table I represent a strong macro dominance. A major factor influencing the high priority rating of Organization, Planning and Administration reflects attempts to strengthen Indian communities for self-determination of human services. Examples of these endeavors are found in the Indian Self-Determination Act (P.L. 93-638) and the Indian Health Care Improvement Act (P.L. 94-437).

In the implementation of the above policies, many professional social workers have been found lacking in macro organizational and development skills. As a result, communities are either going without the needed expertise or other professions are being called upon to develop and administer social

TABLE I

American Indian Curriculum Task Force
Identification and Prioritization of
Overall Content Areas To Be Included
In The Social Work Education Curriculum
For Both The Undergraduate & Graduate Levels

Prioritization - Major Content Areas

I. Organization, Development, Planning, and Administration
   A. Overall knowledge of political, economic and social influences on Indian communities; skill in negotiating with political systems
   B. Knowledge and understanding of tribal governments, tribal court systems and federal-Indian jurisdictional issues
   C. Skills in program development, evaluation, and community organization

II. Cultural Implications for Social Work Intervention
   A. Awareness of tribal diversity
   B. Awareness and knowledge of natural support systems, and the Indian perspective on health/mental health
   C. Ability to work within bicultural settings and operationalizing traditional or conventional support systems in treatment plans

III. Social Policy, Social Problems and Issues
   A. Knowledge of the historical development of current Indian social welfare policies and issues
   B. Knowledge of major social problems faced by Indian communities
   C. Knowledge and understanding of the effects of racism on past and current Indian self-determination

IV. Social Work Profession in the Indian Community
   A. Past and present roles of social work in Indian communities
   B. Present and future implications of social work advocacy for Indian self-determination
   C. Greater knowledge of self in terms of personal values, biases, limitations

For clarification see Appendix II

service programs.

Social workers cognizant of the new emerging concepts of Indian self-reliance and self-determination and those who possess the skills of working in bicultural settings are being sought by both federal and tribal social welfare agencies.

Foundation Knowledge

With the identification of overall content areas, the second question was posed to the Task Force, "What specific knowledge concerning American Indians should students receive at the Foundation level?"

Thirty-six (36) statement items were identified in response to the question. Items were categorized into four major areas and ranked according to their importance (see Appendix III). Results are found in Table II.

The Task Force felt the undergraduate program should have major responsibility in addressing the social work profession in the Indian community.* It was expressed that students at the foundation level should have a basic knowledge and understanding of the historical and current Indian social welfare policies and present social service systems serving American Indians, e.g. the Bureau of Indian Affairs (BIA), Indian Health Service (IHS) and the Office of Native American Programs (ONAP). Knowledge of specific policies relating to specialized concentrations would be addressed at the graduate level.

Self-awareness of one's background, personality, and value positions was considered an essential ingredient of social work education. Foundation level students were viewed as needing exposure to situations and field

*Although the category of Social Work profession in the Indian Community was ranked fourth, the Task Force expressed that the knowledge content involved would best be presented at the beginning level of social work practice.

TABLE II

American Indian Curriculum Task Force
Identification and Prioritization of
Foundation Knowledge Areas To Be
Included In The Social Work Curriculum

Prioritization - Major Knowledge Areas

I. Social Services Policy and Social Service Delivery Systems
   A. Knowledge of the historical development of American Indian social welfare policies and services
   B. Knowledge of reservation and urban social service delivery systems
   C. Introductory knowledge of tribal community and political structures

II. Cultural Implications for Social Work Intervention
   A. Generic body of theoretical practice knowledge for bicultural intervention
   B. Knowledge of basic human behavior of Indian tribes, communities, and families
   C. Strong foundation knowledge of tribal/cultural diversities and family kinship systems as impacted by Western civilization
   D. Cultural perspectives on health/mental health

III. Social Problems, Social Issues and Concerns
   A. Knowledge of the severity of social and health problems among reservation and urban Indians, e.g., alcoholism, unemployment, health
   B. Knowledge and awareness of related structural problems, e.g., racism, paternalism and legal and jurisdictional barriers

IV. Social Work Profession in the Indian Community
   A. Introduction to bicultural social work practice and development of practitioner self-awareness
   B. Address the past negative image of social work roles among Indian communities
   C. Introduction to basic supervisory and office management skills; effective use of consultation, etc.

For clarification see Appendix III

experiences that help them become more aware of themselves, their attitudes, and reactions to real life situations. The intent is to ensure that the students become involved with professionals in the service of socially disabled persons and that this involvement be planned so that the student is assured an opportunity to develop and enhance specific interventive skills. Students working directly with American Indians would be encouraged to explore culturally-relevant methodologies and settings other than traditional approaches.

The Foundation Level was viewed as providing general overall knowledge bases across the categories of Cultural Implications for Social Work Intervention and Social Problems and Issues. Both categories will be specifically addressed later at the graduate level of specializations.

Specialized Knowledge in Health/Mental Health

At the second workshop of the American Indian Social Work Curriculum Task Force, the remaining two questions relating to the Health/Mental Health and Family/Child Welfare specialization were posed to the Task Force members.

In response to the question, "What specific knowledge concerning American Indians should Social Work students receive in a graduate Health/Mental Health concentration?", the Task Force identified forty-three (43) statement items. The statement items were clarified, organized and prioritized into four major categories (see Appendix IV). Results are found in Table III.

The Task Force thought it virtually essential that students specializing in the health/mental health concentration take a unique interventive approach in this area of study, taking into account the traditional treatment modalities, natural health care systems, and resources operating within Indian communities. Also to be kept in mind is the American Indian perspective that physical health is a continuum of one's mental health and that the

TABLE III

American Indian Curriculum Task Force
Identification and Ranking of Health/
Mental Health Content Areas To Be
Included In The Social Work Curriculum

Prioritization - Major Content Areas	
I.	Cultural Implications for Social Work Intervention -Cultural perspectives of health/mental health, e.g., traditional attitudes, practices, resources -Knowledge and utilization of natural health care systems, e.g., family, medicine men, rituals -Historical and current stresses on Indian health/ mental health -Indian Family as a supportive system -Culture and histories of local tribes
II.	Health Planning and Organization -Development and organizational skills related to planning, program development, community organization and assessments -Intervention through preventive methodologies and programs -Effective use of Indian paraprofessionals
III.	Health/Mental Health Delivery Systems and Resources -Knowledge of the status of Indian health/mental health -Specific knowledge of American Indian health/mental health resources and delivery systems, including natural health care systems and family self-reliance -Specific knowledge of the tri-level health bureaucracies on-and-off reservations -- federal, state, and county, eligibility criteria; jurisdictional boundaries and accessibility of services. -Involvement of indigenous American Indian paraprofessionals, groups, and organizations in health planning and program development -Knowledge of medical social work within the Indian Public Health Services -Knowledge of specific programs to deal with alcoholism, aged, food distribution, etc.
IV.	Health/Mental Health Policy -Specific knowledge of current federal and state policies and regulations affecting American Indian health/mental health services -Knowledge of specific issues around the accessibility or availability of health/mental health services and programs -Knowledge of implications of health planning and program development

For clarification categories see Appendix IV

mind and body should not be viewed as separate entities. Most paramount is the need to develop innovative culturally appropriate diagnostic schemas in treating all aspects of the person and his environment. Furthermore, current treatment modalities and their supporting theoretical bases should be critically analyzed, particularly the alcoholism and other related health/mental health programs for American Indians.

Students who have already received a strong foundation in major Indian policy and legislation should focus on specific policies and issues concerning health/mental health, e.g., Indian Health Care Improvement Act, Title XX, alcoholism, aging and food distribution. It was stated that students must have knowledge of current federal and state policies and regulations affecting American Indian health/mental health services. Issues around the accessibility or availability of specific programs for American Indians and implications of health planning and programming on a broader scope must be addressed than has heretofore been accomplished.

Specialized Knowledge in Family/Child Welfare

The Curriculum Task Force identified thirty-six (36) statement items in response to the final questions, "What specific knowledge concerning American Indians should Social Work students receive in a Family/Child Welfare concentration?" Following the NGT structure, the statement items were categorized into three major content areas and ranked in order of priority (see Appendix V). Overall ranked results are found in Table IV.

Through recent studies and site-of-the-field reports, the inadequacies of American Indian family/child welfare services have received considerable attention leading to the development of alternative policies and legislation soon to be introduced to Congress, possibly accounting for the high priority

TABLE IV

American Indian Curriculum Task Force
Identification And Prioritization Of
Family/Child Welfare Content Areas To Be
Included In The Social Work Curriculum

Prioritization - Major Content Areas	
I.	American Indian Family Structure -Knowledge of impact of Euro-American civilization on Indian family structure -Knowledge of extended family systems and skills in effectively utilizing family network supportive systems -Knowledge of Indian parent-child relationships, e.g., parenting techniques and childhood development -Current and future status of the Indian family
II.	Culture Implications for Social Work Intervention -Knowledge of Indian child-rearing practices and philosophy -Intervention methods and skills for work with extended family systems involving child welfare and the aged -Knowledge of Indian families in transition from reservation to urban settings, e.g., forces and stresses upon family -Specific knowledge of Indian childhood development and self-concept
III.	Service Delivery Systems -Historical development of Indian family/child welfare services, i.e., BIA and IHS -Knowledge of specific family/child welfare programs serving Indian communities
IV.	Tribal and State Codes and Regulations -Knowledge of major standard setting organizations, e.g., CWLA, Indian Family Defense, Indian Women's Association, and Tribal governments

For clarification see Appendix V

rating received by Child Welfare and Legislation.

It was expressed by the Task Force that students specializing in Family/Child Welfare Services should have considerable knowledge of the cultural and historical factors affecting the American Indian family with special emphasis on the impact of Western civilization on traditional Indian cultures and their social structures, particularly among the Southwest tribes. Traditional Indian ways of preventing or alleviating family/child welfare problems and emerging value and structural changes within the American Indian family system resulting from specific acts or programs should be discussed at length, e.g., Allotment Act, relocation, education. Special considerations should be given to social problems encountered by the Indian adolescent and families in transition from reservation communities to urban life-styles and vice versa with their corresponding problems. The strengthening of American Indian families and assisting them in their endeavors toward self-determination should be a foremost priority ingrained in social work practice with American Indian families.

Models for Content Inclusion

Four major approaches for the inclusion of ethnic minority in the social work curriculum content were presented to the Task Force and prioritized. The four approaches were:

1) Ethnic Minority content in a separate curriculum for specialized training of social workers for practice with one particular ethnic group.
2) Specialized ethnic minority courses added to the total curriculum as electives but not changing the content of the core curriculum.

3) Ethnic minority content integrated into the sequence areas of the core curriculum, excluding specialized elective courses.

4) A combination of ethnic minority content integrated into the core curriculum supplemented with specialized courses for the integration.

The fourth approach, a combination of American Indian content integrated into the core curriculum with specialized Indian courses offered as electives, was unanimously chosen by the Curriculum Task Force.

It was felt that the majority of Indian content identified could and should be integrated into the total school work curriculum. However, it was also expressed that these knowledge areas need to be specifically addressed through specialized courses at the foundation and advanced levels: the social work profession; practitioner roles, attitudes and values in bicultural settings, especially the Indian Community; and advanced specialized courses for those students desirous of working specifically with American Indians upon graduation.

V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The American Indian Curriculum Task Force identified four major American Indian content categories which they felt were essential knowledge areas for professional social work education at the undergraduate and graduate levels. The content categories in order of ranked priority were: (1) Knowledge and skills in organization, planning and administration; (2) Knowledge of diverse tribal cultures and culturally relevant intervention skills; (3) Overall and specific knowledge of American Indian social policies, problems, and issues; and (4) An awareness of self and social work practice in Indian communities. These knowledge areas served as a guide from which the foundation and specialized content categories were identified and prioritized.

For the foundation or undergraduate level, the Curriculum Task Force identified and prioritized four content categories to be integrated into the social work curriculum. Included were: (1) Major historical and current social services legislation and policies affecting social services delivery systems to Indian communities; (2) General knowledge of tribal commonalities and diversities in relation to social work intervention; (3) Knowledge of major social problems and issues faced by American Indians; and (4) Developing self awareness and practitioner cognizance of social issues and concerns in Indian communities. The first three categories could be integrated within the existing foundation curriculum in the social policy, social work practice and human behavior sequences. A specialized required course, however, was viewed as necessary to incorporate content in the fourth category. This course would specifically address not only the issues of poverty, inequality, racism, but also intervention strategies and techniques. The role of social work, past and present, within Indian and other ethnic minority communities

would also be addressed.

Major content areas identified within the Health/Mental Health specialization were: (1) Specific knowledge of tribal cultures and intervention strategies; (2) Health/mental health program planning and organizing with Indian communities; (3) Specific knowledge of Indian health/mental health service delivery systems and resources; and (4) Specific knowledge of Indian health/mental health legislation, policies, and issues. Much of the identified content is to be integrated into the existing curriculum, but a specialized course elective was recommended for students desirous of working specifically in Indian health/mental health settings.

Within the Family/Child Welfare specialization, the following content categories were identified: (1) Specialized knowledge of tribal cultures and intervention strategies relating to family/child welfare services, and (2) Specific knowledge of Indian family/child welfare legislation and policies. Likewise, much of the identified content is to be integrated into the existing curriculum with a recommended specialized course elective for students planning to work in the area of Indian family/child welfare.

The identified content categories in the above will serve as a guide in critically evaluating and strengthening existing courses and in the future identification and development of culturally relevant educational materials.

RECOMMENDATIONS

From schema implementations, data analysis and conclusions, the following specific recommendations are presented.

1) That schools of social work within major Indian regions adopt a schema, such as the one presented, for the systematic identification and inclusion of American Indian content into the social

work curriculum. There is evidence to suggest that schools of social work who have made greatest progress in including ethnic minority content in the curriculum are those who have formally organized special committees to address the task of ethnic minority content inclusion.[6]

2) That to ensure an Indian perspective in the identification and overall inclusion of content areas, an American Indian Advisory Curriculum Committee, comprised of Indian Community practitioners in various specializations and at various levels of professional practice be organized. Although existing Indian faculty may have a general idea of needed Indian content, it may or may not represent those knowledge areas viewed as necessary by tribal groups and communities within certain geographical regions.

3) That administrators of schools of social work make available to their faculty members resources, experienced personnel, alloted time and financial support to ensure the development and inclusion of selective readings according to content areas identified by the Curriculum Task Force.

4) That a bibliography of selected Indian references specifically relating to social service topics be compiled across the major curriculum sequences of the schools of social work to be utilized by all faculty and students.

5) That there be an ongoing evaluation plan with the American Indian Curriculum Task Force monitoring schools of social work in their attempts to incorporate into existing curricula the major content areas identified. This process would not only ensure that con-

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[6]Brown, E. F., "The Inclusion of Ethnic Minority Content in the Curricula of Graduate Schools of Social Work," Dessertation, Graduate School of Social Work, University of Utah, Salt Lake City, 1975.

tinued and consistent attempts of content inclusion are being made but also ensure that quality content is being developed and incorporated into the social work curriculum.

APPENDIX I

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APPENDIX II

MAJOR OVERALL KNOWLEDGE AREAS

I. Community Development and Organization

A. Dynamics of Indian Communities

1. Social Structure - Understanding of tribal governments - how they function and how Social Work works with it.
2. Political-Religious influences - How do you negotiate with tribal councils - urban and rural differences - religious structures in politics.

B. Skills of negotiating with political entities in Indian Communities. (relates to above - "Dynamics of Indian Communities")

C. Use of financial resources and economic development.

D. Social work practice in Indian communities - responsibilities of social work - ameliorating social and community problems.

E. Community organization and long-term planning with political bodies - awareness of Indian tribes as distinct entities, i.e.: "Navajo Way", not lumping all Indians together.

F. Socio-economic and political forces in Indian communities - awareness of Indian tribal codes, laws for legal intervention, federal-Indian jurisdiction.

G. Studies of governments and economics - Broad study of national and tribal governments - context within which social work functions.

H. Evaluation of service delivery systems - efficient and effective services deliveries.

I. Knowledge and skills in dealing with Tribal courts - Indian law and court systems - role of social work tribal courts.

J. Awareness of decision-making processes in Indian communities.

K. Future development and direction of Indian communities future implications.

L. Development of Conference skills - problem-solving skills - individual and group problem solving.

M. Public Relations

N. Working with community groups, advisory groups, parent groups. . how do you motivate and interest them.

O. Coalition - team building in Indian Communities

P. How do you work with political systems: self determination - Indian problem solving ways, understanding tribal governments.

II. Cultural Implications in Treatment and Practice Skills

A. Traditional Indian problem-solving methods and elements of traditional ways ie., traditional existing ways; medicine men, extended family, clan system, herbs, rituals.

B. Discussion of diversity of cultures, their contrasts and commonalities; Tribes as distinct entities ie.: "Navajo Way" and not lumping all Indians together.

C. Practical social work knowledge and skills; budgeting and understanding job descriptions and office procedures, grantsmanship, practical knowledge of social work settings.

D. Treatment modalities - develop treatment plans pertinent to Indian ways, effect of race, culture and communication patterns on treatment planning and diagnosis, present modalities emphasize individual pathology but neglect larger society's pathology and disorientation, present behavior theories assume universal applicabilities and present treatment methods have basis here, intrapsychic only one

aspect of total life experience, what interferes with treatment - how set appropriate treatment goals with Indian client, issues of non-Indian Indian worker with Indian clients - new professional behavior in working with Indians, focus of treatment on extended families vs. individual.

E. Religious considerations in treatment planning by incorporating religious practices into treatment, individual uniqueness to be considered.

F. Culture conflict model - ethnic/middle class influences and how it determines your behavior and personality, etc.

G. Natural systems of problem solving - how others help each other within community, within family, determines strength of family.

H. Mental health perspectives of individuals and Indian communities - do not separate mind and body into two entities, how Mental Health Services fit into current systems of service delivery, diagnostic schemes used, approach is holistic/totality of person considered.

I. Utilization of traditionalists in Social Work education, ie.: medicine men.

J. Interdisciplinary problem solving approach - other social agencies coordinated efforts more effective.

K. Knowledge of and utilization of traditional Indian diagnostic skills.

L. Multiple reality orientations in bicultural settings-personal bias, racism, valves, limitations - knowledge of your professional self, knowledge of social work valves, skills, etc.

M. Communication skills in bilingual and bicultural settings-linguistics become familiar with basic communication patterns of Indian communities, strategy of having non-Indians become more aware of Indian

people, be aware of particular tribe/community.

III. Social Issues and Problems

A. Current and historical social problems/issues-laws and their implications, awareness of Indian policies, federal laws, how government views Indians.

B. Health problems, and alcohol use - understanding Indian mental health perspective - mind/body - one, totality of person considered specific health problems ie.; alcoholisms and TB.

C. Social problems of Indian communities - housing, health, employment, etc.

D. Severity of poverty in comparison to national statistics.

E. Role of elderly people - resources to Indian communities.

F. Colonialism, theories of racism - historical perspective vs. how Indians are now viewed.

IV. Social Work Role

A. Social Work as a distinct profession

B. Future implications for Social Work with American Indians - what treatment modalities are we going to use in future? Developing ways of continuing work, Indian social workers to write articles for professional journals, Indian communities vs. non-Indian life styles.

C. Roles of professional social workers within Indian communities - present and future role definitions, basic institutions, services, roles have been narrowly defined in past.

D. Expectations of community upon social workers.

E. Knowledge of self - personal biases, racism, valves, limitations, knowledge of your professional self and knowledge of social worker values, attitudes, etc.

F. Recruitment of Indians into the social work profession.

G. Research of emerging values and changing family patterns-persons and family - cultural conflict.

APPENDIX III

MAJOR FOUNDATION KNOWLEDGE

I. Social Service Policy and Systems

A. Knowledge and coordination of Social Service delivery systems:

1. Client eligibility criteria for services
2. Jurisdictional issues
3. Information and referral

B. Federal Indian Treaty relationships:

1. General historical development of Indian policy; inter-relatedness of federal-state-tribal policies - effects of policies on Social Work practice, current major policies; introduction to Indian tribal structures.

C. Introduction to tribal community structures:

1. Expectations of communities, tribal governmental structure, tribal economic systems.

II. Human Behavior and Social Work Intervention - Cultural Consideration

A. Knowledge of similarities and diversity of tribal cultures - tribal differences; urban and reservation.

B. Basic theories of Human Behavior in relation to Indian groups/ communities behavior patterns.

C. Family structure and kinship systems - Indian family as a system and changing family patterns.

D. Impact of culture conflict - Individual vs. Tribal rights.

E. Cultural perspectives on health and treatment - community health and mental health network; traditional vs. medical model.

F. Basic institutions of American Indians - government, education, religion, economics, family.

III. Social Problems, Issues and Concerns

A. General understanding of severity of social problems and poverty related to American Indians in relation to national statistics - alcoholism, aging, child welfare, unemployment, racism, education, etc.

B. Special health problems prevalent among Indians.

IV. Social Work Profession and Practice in Relation to American Indians

A. Awareness of past negative image of Social Work in Indian communities.

B. Introduction to Social Work practice in bi-cultural, bilingual and bi-governmental settings - particularly the development of communication skills in bio-cultural settings, general basic supervisory and office management skills (for Indian students) - also includes effective use of consultations.

APPENDIX IV

MAJOR SPECIALIZED KNOWLEDGE IN HEALTH AND MENTAL HEALTH

I. Cultural Considerations in Social Work Intervention

A. Historical and current stresses on Indian health and mental health - specifically in relation to human behavior changes, roles, policies, human behavior theories, etc.

B. Cultural perspectives of health and mental health - unique tribal views of health and mental health, traditional use of resources, techniques and skills of intervention, holistic approach to man.

C. Natural health care systems - traditional treatment modalities ie., use of medicine man, etc.

D. Death and dying - comparison of Anglo versus Indian ways, ie., rituals, survival and coping mechanisms.

E. Family roles - specific family roles in providing a support system.

F. Indian psychology - overall values in comparison to Anglo - many roles Indian is forced to play in coping with social system.

G. Indian perspective - knowledge of attitudes and practice used by Indian peoples across family planning, alcohol and drugs, aging, etc.

H. Cultures and histories of particular tribes - similarities, urban populations and social structure.

II. Health Planning and Organization

A. Organization of health/community boards - Community organization techniques, planning, assessment of community health and mental health needs.

B. Community health planning and programming - knowledge and skills

for consultations in health and mental health to Indian tribes and communities.

C. Preventive educational methods - development of preventive programs in substance, abuse, health problem areas, etc.

D. Utilization of the Indian paraprofessional - role of social worker, training and supervision of paraprofessionals, expectations of and consultation to paraprofessionals.

III. Health and Mental Health Delivery Systems and Resources

A. Health and Mental delivery systems in Indian communities - general and specific systems (IHS, BIA, ONAP, etc.) facilities, how organized and staffed.

B. Social Worker role in delivery systems - both traditional and agency systems.

C. Specific programs organized to deal with alcohol and drug abuse, aging, etc.

D. Status of Indian health - knowledge of Indian situation and current trends and issues in health and mental health.

E. Functions and duties of other health professionals and paraprofessionals, ie., Community Health Representatives, M.D.'s, Mental Health Technicians, etc.

F. Medical Social Work within the Indian Health Service System - specific expectations and roles of Social Workerworkers within delivery system.

G. Health resources and eligibility requirements - Federal and tribal eligibility guidelines for service, V.A., Medicaid, railroad benefits, etc., State eligibility in relation to federal.

H. Food distribution - programs serving reservations, policies and

issues; food stamps versus food commodities; title XX and VII programs.

I. Accessibility of resources - distances of travel involved, economic factors, jurisdictional boundaries and issues.

IV. Indian Health and Mental Health Legislation and Policy

A. Historical and current legislation and policies relating specifically to Indian health and mental health - policies and regulations for eligibility, programs, major legislation.

B. Current legislation policy and issues in specific need areas - Alcoholism, Aging, Food Distribution, Health and Social Welfare planning, etc.

APPENDIX V

MAJOR SPECIALIZED KNOWLEDGE IN FAMILY AND CHILD WELFARE

I. Indian Family Structure

A. Impact of Euro-American civilization on Indian family structure - historical changes, stresses and attacks on Indian families ie., educations, allotment, relocation and termination.

B. Social structures - family in relation to clans and tribe.

C. Extended family concept - traditional and present Indian family network and support systems in relation to areas such as adoptions, foster care, education, etc.

D. Current status of Indian families - present strengths and weaknesses of Indian family systems; future directions.

E. Indian parent-child relationships - family roles in nuclear and extended families.

II. Child Welfare Legislation and Policy

A. Impact of specific major legislation and policy on the American Indian family - knowledge of major Indian policy and programs and effect on Indian family structure, roles, and well-being.

B. Current policies and issues on Indian families and Child Welfare - foster care, adoption and related issues.

C. Federal and state relationship to tribes - regulations and guidelines facing tribes in relation to family and child welfare issues and services.

D. Jurisdictional issues - rights of tribes versus state and federal.

III. Culture Implications for Social Work Intervention

A. Indian Family Structure

B. Indian child-rearing practices and philosophy - parent/child relationships, individual roles, discipline, education, etc.

C. Natural systems of Child Welfare among tribes.

D. Urban versus Reservation family life styles.

E. Tribal attitudes toward adoption.

F. Self-concept and Indian adolescents.

H. Indian families in transition from reservation to urban.

I. Intervention methods - specific interventions for work with extended family, elderly, child neglect and abuse.

J. Community Development and Organization - Skills, organizing Indian groups for foster homes, enhancing Indians concerning self-reliance and developing resources for child-welfare programs.

K. Grant writing skills - Knowledge of major child welfare funding sources.

L. Education and prevention skills - providing community education and parenting skills' courses.

M. Roles of Social Work in Federal or State settings - orientation to governmental organizations, system manipulation, client advocacy.

N. Developing an awareness, knowledge and skills to help Indian communities move toward Indian self-determination and stronger families - school to be upgraded in social work approach.

IV. Service Delivery Systems

A. Historical Indian and Child Welfare services-specifically of B.I.A. responsibilities for family and child services.

B. Knowledge and availability of specific family and Child Welfare programs serving Indian communities.

C. Tribal and state codes and regulations.

D. Role of Social Worker in Federal agencies.

E. Knowledge of major standards setting organizations - CWLA, Indian Family Defense, Indian Women's Association, etc.

AMERICAN INDIANS AND SOCIAL WELFARE

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AMERICAN INDIAN PROJECTS

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The following bibliography identifies references specifically related to American Indians and social welfare issues, programs and concerns. It is by no means an exhaustive collection, but does provide a beginning for the identification and collection of specific readings in the development of modules or course outlines. *Available in AIP reading file.

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